ASSESSMENT OF PATIENT'S SATISFACTION REGARDIGN HEALTH CARE SERVICES; A COMPARATIVE STUDY OF PRIVATE AND GOVERNMENT HOSPITAL BATHINDA DISTRICT.

A

Synopsis

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DECLARATION

I hereby declare that the Synopsis entitled "**.Assessment of patient's satisfaction regarding health care services; a comparative study of private and government hospital Bathinda District,** "Submitted for the award of P.HD Degree in Management is my original work and the Title of the Synopsis has not formed the basis for the award of any degree, associate ship, fellowship or any other similar titles.

SUKHJEET KAUR

DATE:

Signature of Guide

CHAPTER I

INTRODUCTION

AND

OBJECTIVE

INTRODUCTION

The satisfaction of the patient is a most crucial and common indicator used for evaluating the health care quality. The satisfaction of a patient affects all aspects such as retention of the patient, clinical outcome and other medical malpractice claims. It affects the timely, efficient, and patient-centered delivery of quality healthcare.

The nurse must understand what elements influence patient satisfaction in order to improve the quality of nursing care. The purpose of this study is to determine the impact of nursing care on patient satisfaction in the setting of health care. The results describe some of the domains that have an influence on patient satisfaction with nursing care: the socio –demographic background of the patients, patients' expectation regarding nursing care, the physical environment, communication and information, participation and involvement, interpersonal relations between nurse and patient, nurses,' and the influence of the health care organization on both patients and nurses.

Nursing care is described as promoting health and assists the in supporting, education, and developing their own resources. The most significant factor in a patient's perception of their satisfaction with health care is the clinical care rendered by the nurse. If a patient is happy with the treatment he or she receives, it is beneficial not only to the patient but also to the nurse and the entire health authority (2017, sen).

Patient satisfaction has been more regularly identified as an important factor in calculating the level of care given. Satisfaction with health care is a social scientists measurement with a long history. One of most important parts of medical treatment is nursing care. Understanding how problems look to the patient should be a primary part of quality improvement. Patient satisfaction with nursing care is a significantly related of the hospital's successful plan of education. (Laschinger,2005).

Patient satisfaction with health care is important from a marketing view point for so many reasons: positive patients are more likely to have a successful experience with a particular provider. An institution can overcome because on by defining source of patient dissatisfaction. Satisfaction participants were more likely to continue to medical regimens and treatment plans only after increasing risk management.

Measurement regarding patient satisfaction needs to be translated to an overall organizational quality management (Anjm, 2005).

Patient satisfaction not only makes an important contribution patient experience but it was also contributed to a quality healthcare outcome. Patient satisfaction was suggested to be associated to higher quality hospital care. Patient satisfaction has been associated with lower patient mortality and morbidity. Patient satisfaction is one of the measurements of a health-care system's performance. The measurement of patient satisfaction scores as a quality indicator in health care is getting more popular. The level of care in health facilities is a critical characteristic of global health facilities use, and service consumers are able to become disillusioned if another quality is indeed not adequate. This would almost likely have such a detrimental effect on health-seeking behaviors, treatment outcomes, and overall care (Rickert, 2014).

Patient have generally may be seen as consumers or patients by the health care system in the country. It may become increasingly important for health care professionals to evaluate patient satisfaction with their care on a routine basis. The amount with which healthcare providers are respectful of their patients' needs and expectations has quite a positive impact on patient satisfaction. Patient satisfaction is measured by addresses the question 'experiences and assessing whether their needs were met adequately (Dzomeku , 2012).

Professional nurses should understand that health care should be delivered with compassion, empathy and responsiveness to the patient's needs, values, preferences and otherwise equity. Health care should be provided on the basis of clinical needs, regardless of personal characteristics such as age, gender, race, ethnicity, language, socioeconomic status or geographic location, so that health starts to deteriorate as a result of many factors.(2012,Ottawa)

The healthcare expenditure has risen as a result of emerging public health system, as have the population's preference for the service delivered. All the same, research indicates weaknesses in care quality and safety, particularly unnecessary activities that impair the health organization's image (2014, Santana).

Given the fact when various nations have problems about hospital care quality and safety, efforts have been made to promote quality and productivity. As an outcome,

the World Health Organization has recommended management to remember citizens' perceptions whenever making important decisions and number of observations on patient outcomes have been implemented since then. Patient satisfaction is not only significant by itself; in underdeveloped countries, it has also been suggested as a care quality measurement (Laschinger, 2005).

Nursing acknowledges its position in the quality of care delivered to patients, the organization, ethical guidelines and professional standards, as well as how its quality impacts the price of care and patient satisfaction. (Regis,2011).In the this respect, listening to what patient have to say about the services they receive and their satisfaction with it can be a chance to create an outcome measurement that can help organizations decide on transformations and improvements. Patient and relative security concerns have triggered a renewed commitment to qualitative improvement in health services organizations in terms of growth in the world context. The World Health Organization (WHO) issued a report in 2013 that suggested:

Although it is true that patients will have difficulties accurately giving their views about both the service provided, this reduces the validity of measurements. All the same, regardless of the accuracy of the patients' perceptions, satisfaction is a subjective concept for the patient and professional's ions, satisfaction is a subjective concept for the patient, and professionals should understand its significance. Even if the staff has such a unique viewpoint, it is the patients' feeling which matter, since patient satisfaction is related to their attitudes and can be used to improve nursing home care (Linde, 1982).

In the health department, quality may also be described as "whatever concerns the patient, "paraphrasing peter Senge's definition of quality as "whatever concerns the individual. "Successful hospital in the future will be those who provide the patient's viewpoint in the evaluation system of the quality of the services provided and take this into account during the process of producing all administrative and financial decisions (Senge, 1994).

Patient satisfaction with nursing services is especially important also because nursing staff, it includes the majority of health professionals, is always by the patients 'side to meet their basis needs, constituting an obviously overbearing factor in sustaining and restoring their health. Researchers understand the significance of nursing

interventions in shaping patient overall satisfaction with nursing services, according the literature (Yellene, 2002).

In America, in 1957, the first efforts to determine patient satisfaction with healthcare services come from the nursing department. In developed countries such as United States and the Unites kingdom, measuring patient satisfaction in indeed a mandatory duty for hospital accreditation (1957,Abdellah).

Regardless of the fact, in advanced nations, patient satisfaction with nursing care is well documented; however, doing research on patient satisfaction with nursing care in poor countries is difficult. This has been difficult due to the lack of studies. In this research, patients 'satisfaction with nursing care and associated factors in a tertiary care hospital was measured (2013, Winklerova).

Patients usually need complete knowledge to accurately evaluate all aspects of health care(e.g, medical, technical),but they can assess if nursing staff listens to them, whether they given enough attention, and whether they are informed and respected at the same at the time, all of which are clearly relevant to nursing ethics(2016,Eyasu)

STATEMENT OF THE PROBLEM/ RESEARCH

Statement of the Problem/Research

Taking care of the patient is the prime duty of a hospital. The one which provides satisfactory service to the patients with care have the ability of deal with any competition. The amount of satisfaction received by the determines the performance of the hospital whether it is victorious or a failure. This indeed measures the efficiency of the management of the health care sector. A level of confidence is gained by the patient with such satisfaction.

These days, customers purchase satisfaction instead of services. Therefore, service providers must vividly learn about the satisfaction being sought by the consumers and ensure their reception by them. Whether the organization is offering quality service mean while ascertaining its utilization is often testifies by the satisfied customers. The service provided has to be in coordination with the hopes of the customer for achieving high level of satisfaction. Satisfaction is calculated by subtracting perceived satisfaction from customer expectations.

Judgments are passed discrimination in quality of health service is done by well qualified, complex and health conscious patients these days. Hospitals must take care of dynamic needs of patients. The attitude of the patients should be regulated by meeting their expectation wherever possible. A major challenge is faced by the administration of the hospital in structuring a quality system and putting it to use while trying to practice quality. Under this scenario, an evaluation of customer satisfaction is carried by the researcher for health care services; a comparative study of private and government hospital Bathinda district.

CHAPTER II

REVIEW

OF

LITERATURE

Review of Literature

The competition in availing better services is inclining among the health care provider that is pushing them to emphasize on quality performance. The first hand resources for health care delivery which involve viewpoints of the patients and understanding their expectations are an imperative input to the system. Moreover, if data on patients 'hope and opinions is obtained then regular quality improvement can be achieved. Various studies on health care services and patient related aspects have been undertaken by individual researchers and institutions both in India and abroad. A review of such studies relevant to the present study is presented in the following paragraphs:-

According to (Senet al, 2016) a number of 50 adult patients were participated in this study, whom was admitted to the SGT HOSPITAL'S neuromicu (Medical Intensive Care Unit) and neuro medical ward. The majority of the samples were found to be average (70%) or excellent (30%), without any samples becoming rated as weak. Utilizing different variables, no positive association was found between patient satisfactions including nursing care quality in this research (Sen*et al*.,2016).

According to Ibrahem*et al*. (2016) in a study on patient's satisfaction about quality of care and aggressive behavior in psychiatric hospitals Study design was descriptive co-relational. Meet Khalaf and Tanta Psychiatric Hospitals have been the locations of a study. A convenience sample of 100 patients who participated and were admitted in the above-mentioned settings was being used. According the results, 52% of the survey respondents became disappointed with the quality of care they received. Physical punishment was being used by 32% of the participants in this study. There was a statistically important negative correlation between patient satisfaction to care quality and physical aggression.

Konduru*et al*., (2015) reveled in study on Level of Patient Satisfaction on Quality of Nursing Care among Patients in SRM General Hospital, Kattankulathur. Descriptive study design was used. The study using non-probability - Consecutive sampling tools to collect 100 samples. According the study, 66 % are comfortable with the results of nursing services they deserve. According the results, changing hospital work

environments could be a low-cost method for improving hospital care quality by increasing patient satisfaction.

Mahadeo*et al.* (2014) reveled in his study title," on patient satisfaction with nursing care provided in selected areas of tertiary care hospital,"100 patients were selected first from medical, surgical, and gynaecology wards using a descriptive approach. Patients throughout the Obstetrics/Gynecology, medicine, and surgery units have different experiences with nursing care. In relation to medicine and Obstetrics/gynecology hospitals, patients' satisfaction with nursing care was significantly higher in hospital patients 64 percent.

Legesse*et al*.,(2014) stated in their publication title, "cross-sectional survey on adult patient satisfaction with In- patient nursing care at Hawassa University specialized and teaching hospitals (HUSTH) in Ethiopia, "Patients who were admitted to the study wards at the time of data collection produced up the research population. Patients should be over the age over 18, stay admitted for at least two days, and be able to communicate. The overall patient satisfaction score was approximately half, according the study. Patients' satisfaction with the inpatient nursing care they receive was weak, according this study. Their perceived need and expectation of care from their providers motivated it. As a response, it was proposed that medical professionals regularly assess their patients' level of satisfaction and give patient on-the-job training to their nurses in order to improve their chance to enhance patient satisfaction.

Ahmed *et al*., (2014) stated in study on levels of Adult patient satisfaction with nursing care in selected public hospitals in Ethiopia. The research needed 582 patients who had been selected randomly and admitted to three wards for at least two nights of three public hospitals in Eastern Ethiopia. At the point of care, patients were interviewed face to face using the customized News castle satisfaction with nursing scales. More than half those interviewed (52.75 percent) have said they are comfortable with the nursing care they provided. Previous admission history, patient income level, and type of admission rooms have all been found to have a significant effect on patient satisfaction.

Anastasios Merkouris*et al*., (2013) described in her study titled," A research study on assessment of patient satisfaction in public hospitals in Cyprus. An exploratory, descriptive design was used, including a face-to-face semi-structured interview," The analysis contained 159 medical (49.1%) and 165 surgical (50.9%) patients, the majority one of whom was male (61.7%) had an age range of 57.6 years. Patients are reasonably satisfied with the medical feedback they receive. Patients were most satisfied with the technical aspect of healthcare and easily degraded with information provision, hospital admission, and food and resting time. The department (medical or surgical), sex, age, educational level, and residency had almost no significant differences.

Eyasu*et al*., (2013) stated in his work titled," An Institution based quantitative cross-sectional study among patients admitted in medical, surgical, orthopedics, gynecology, and ophthalmology wards of the hospital ,"Data collection method was, .The result relived study Overall, and 52.5 percent of patients were comfortable. The variables which were positively linked with patient satisfaction with nursing care were the respondent's sex, age, admission, ward, self-reported health status, and admission class. In this study, the rate of patient satisfaction with nursing care was found to be low. Being a female, being in the younger age group (18–30 years), having a really good self-reported current health status, being admitted to with an ophthalmology ward, and being in the first class of admission were mostly related to higher patient satisfaction with nursing care.

Winklerova*et al*., (2013) stated in his study on Evaluation of Patient Satisfaction with Nursing Care at University of Ostrava. A number of 507 patients are included in descriptive correlation studies, who have been admitted during February - March 2011. This data was collected using Patient Satisfaction Scale a structured questionnaire which analyses patient satisfaction in eleven areas: technical/rational aspects, information provision, and communication and support. The technical aspects of nursing care were highlighted in this section among patients, although the provision of information were classified the low. The patients' demographic information would have no significant impact on their satisfaction.

Senarath, (2013) comments in the study on patient satisfaction with nursing care and related hospital services at the National hospital of Sri Lanka. A range of 380 patients who were admitted to a hospital for third to 90 days were observed. According the study's findings, 81.8 % are comfortable with service performance, 89.7% with flexibility and competency, 59.2% with comfort and environment, and 48.7% with cleanliness and sanitation. Males have higher job satisfaction than females. Patients on medical wards may be less comfortable with the comfort and environment than on surgical wards.

According to Dzomeku *et al*., (2012), study on in –patient satisfaction with nursing care. Questionnaire was administered to 100 in –patient selected by convenience sampling in male, female and maternity ward .According the results, 38 % patients were very satisfied with nursing care, because only 30 % patients were. Healthcare providers with a high level of education were inadvertently less satisfied. Patient satisfaction regarding nursing care was influenced by the age, including 37 % below 45 years old becoming less comfortable with 46 percent of us over forty. The majority of customers desired dignity, happiness, a safe delivery, and service. Nurses' personal relationships with their patients are all in serious need of development.

Grondahl *et al*., (2012) comments in the study on patient's experiences of quality of care and satisfaction during hospital stay. The study used a qualitative descriptive design. 22 patients who were admitted to the hospital were questioned. Content method was used to assess the data. Patients' experiences of care quality and their happiness are classified into five categories and seven subcategories. Waiting for treatment, being recovered, maintaining visions of being cured, and explaining the treatment and health outcome of hospital admission all were aware of the desire to regain health. Receiving personal information, receiving healthcare with experienced healthcare personnel, and communicating the way patients need to be met by healthcare personnel were all a part of the need to be met in a professional way as a particular individual. The need to be informed involved taking responsibility for one's wellness, surrendering responsibility for one's health, including being concerned about patients' response to hospital admission. The relationship between fellow patients provided a balance of privacy and companionship.

Ijeoma*et al*., (2011) describe in study that a descriptive study was to determine helpless patient's satisfaction with quality of care received at tertiary hospitals in Enugu in Nigeria. A total of 105 helpless patients were observed, all of whom needed assistance with activities of daily living. This same questionnaire and interview guide have been used to collect data. Descriptive statistics have been used to interpret the data. The results showed that powerless patients were satisfied with physical and psychological service, but small proportions were satisfied with spiritual care. Nurses appeared to be lacking in the ability to achieve patients' spiritual needs. This same patient was indeed extremely satisfied with both the nurse's attitude. In the moral sense, the findings shows a need for improvement in the service nurses provide for helpless patients.

Findik*et al*., (2010) conducted a cross sectional study in 1100 bed hospital in turkey. The aim of study was to assess patient satisfaction with nursing care and relationship between patient characteristics. A total of 229 adult patients were employed for both the study. The Newcastle satisfaction with nursing care scale and a patient information form has been used to collect data. Patient satisfaction levels proven to be considerably high across the panel. Hospitalization would have an indirect impact on nursing care scale satisfaction, while the type of ward, sex, income, and education used an indirect impact on nursing care scale satisfaction. Healthcare providers who already had surgery, male participants, those aged 40 to 59, some with a low level of education or income, and those that had being admitted for longer periods were the most satisfied.

Wagner, (2009) study results that patient satisfaction with nursing care using a nursing model to measure patient satisfaction with nursing and clarify this concept. A concept analysis of patient satisfaction with nursing care was the aim of the study. The structure for this examination was provided through Rodgers' evolutionary method of concept analysis. Data was collected from the ABI/INFORM international market databases, including the cumulative index of nursing and allied health literature and MEDLINE databases. There had been 44 publications in the study, all of which have been published in English between 1998 and 2007. In terms of demographic data, social impact, previous healthcare experiences, environmental

resources, intrinsic motivation, overall evaluation, and effective response, antecedents' embodied the patient's uniqueness.

Khan *et al*.,(2007**)** started in his study on patient satisfaction with nursing care .Total 153 eligible patients were identified and invited for interview through questionnaire. A total of 122 patients accepted to take part in the research. Overall, patients' perceptions with nursing care were blended; 45 percent were satisfied the with care they have received, while 55 percent were largely dissatisfied. This same patient's observations suggested that a number of providing creative to still be addressed. If we want to improve the quality of health care, nurses understand what factors influence patient satisfaction.

Fahad., (2005) comment in the study that was a survey of 420 patients to assess the degree of patient satisfaction with care provided at the 110-bed hospital on all levels, and to correlate patient satisfaction with nursing care, in particular, with overall satisfaction. The overall level of patient satisfaction with the hospital's quality of care was found to be very high Excellent, 74.7 percent; Very good, 23.7 percent. Nursing care received the highest patient satisfaction ratings through an individual level. Patients' impressions of nursing care and their overall satisfaction with the hospital's health care was found to be significantly correlated 0.31, 01. Overall patient satisfaction is linked to high-quality nursing care, which is in special focus on the institution's leadership.

According to Uys*et al*.,(2004) a Survey of the quality of nursing care in three health districts in South Africa from March to August 2002.The goal of this review was to identify and evaluate the performance of nursing care and service in three KwaZulu Natal health districts. Handover from one nursing change to another, introduction of universal precautions, patient satisfaction, nursing records, and disease management all were evaluated. Except for patient satisfaction, which was measured using questionnaires, all of the other factors were analyzed using checklists based on record reports or direct observation. The average scores on the different aspects increased from 11% (for nursing records) to 73% (for bank documents) (for management of chronic diseases). Specific problems became obvious. In one district, three out of four

nurse hands off between shifts was less than 50%. The use of protective gear recorded weak in all three districts (43 percent). Even though the average score for chronic illness management was high (73%), only 23% of patients reported blood pressures within the target range, and only 38% of patients have condition under control. Across the three districts, patient satisfaction averaged 72 percent. Specific required training are identified as a result of the quality of care evaluations, even though other management strategies are likely to be selected well as.

Chang *et al*.,(2003) stated in her study titled," A study on the influence of demographic variables and ward type on elderly patient's perceptions of needs and satisfaction during acute hospitalization," The aim of the study is and sees whether patient demographics like age, gender, and cultural background were connected to particular perception of the quality of and satisfaction with various aspects of nursing care. 231 patients were selected from geriatric and medical wards at five Sydney hospitals. Physical aspects of nursing care were judged more important among patients who were older (> 80 years), female, and from aged care wards so than patients who were younger (aged 65–80 years), male, and from medical wards. Patients in their seventies and eighties, including those in healthcare facilities, were satisfied with the primary methods.

Foss, (2002) in their research work titled," A study on Gender-related difference in patient satisfaction with quality of nursing care," A total including 1469 male and 1226 female patients participated in this study. The response rate was speaking overall. Personal commitment = 0.003, caring conduct = 0.001, time to talk = 0.004, time to help = 0.000, nursing skills = 0.006. Mean score of satisfaction with different aspects of nursing care quality (all ages) with the following levels of significance: personal commitment = 0.003, caring conduct = 0.001, time to talk = 0.004, time to help = 0.000, nursing skills = 0.006. There was no significant gender difference in the patients' experiences with continuity of care (p = 0.117). For each of the three groups, there have been no significant differences in mean age between the sexes. When discussing the patients' level of satisfaction, mean scores were used, including score 1 representing the lowest – and score 5 representing the highest possible level of satisfaction.

Connel*et al*.,(2002) in his publication titled," A descriptive study on patient satisfaction with nursing care in two acute care surgical wards," The study's objective was to analyze patient satisfaction with nursing care in two surgical wards which were matched. Two very different patients aged 18 and above were included in study, and patients were surveyed and interviewed over a 12-week period. A number of 105 passing legislation up a final sample. . To determine similarities and differences, the findings of quantitative and qualitative data were compared. A total satisfaction score varies between 32 Patient satisfactions is high, as should survey results, though qualitative data revealed some anomalies.

Tahir Ahmed *et al.* (2014) investigated Adult Patients' Satisfaction with Nursing Care in Selected Ethiopian Public Hospitals. To determine the level of adult patient satisfaction in nursing care provided in Ethiopian public hospitals, and even some associated factors. In a cross-sectional institution-based study, 582 randomly selected patients admitted for at least two nights in three wards of selected public hospitals in Eastern Ethiopia was examined. Patients were interviewed face to face at the time of discharge using the adjusted Newcastle Satisfaction with Nursing Scales. The data was analyses utilizing SPSS V 16 technology. More than half of the respondents, 307 (52.75 percent), said that the nursing care were reasonable. Patient satisfaction was found to be 62.71 percent overall, 55.67 percent for nursing characteristics, 44.85 percent for level of knowledge available, and 55.15 percent for the entire caring environment. Patients' overall satisfaction has been found to be significantly affected with their previous admission background, income level, including admission room category.

Waleed S Mohamed *et al*; (2014) investigated a study this study aimed to identify and compare the factors that contribute to patient satisfaction towards the medical care services between governmental and private healthcare clinics. Methods and techniques: An identity (Arabic/English) questionnaire was being used to interview all students. Convenience sampling was used to select participants for both government and private clinics. This research involves 141 patients from government clinics and 215 patients from private clinics. Patients with Saudi Arabia reported about 75% of the number, with males responsible with 49.1% of the number. In 42 % described

how and where to take medicine, compared to 55 % in. The level of care received at ALAmeen Hospital outpatient clinic (AHOC) was significantly higher (77%) than at Taif University outpatient clinic (TUOC) (59 percent). In TUOC, waiting times of even more than thirty minutes was 7.09 times longer, when in AHOC, we are 30.70 major segments. Time spent during assessments spanning upwards of thirty seconds was 3.55 times in TUOC but 7.91 times in AHOC. In TUOC, satisfaction regarding working hours was significantly lower (29 percent) than it is in AHOC (44 percent).

Significance and Scope of the Study:

The whole outline of the health care industry has been transformed from its conventional picture by the globalization and privatization with the advancement in technology. In this context, this study holds an objective of reviewing the progress of the Indian health care service industry. The prime focus of the study is on patient satisfaction with respect to service performance of the individually owned and government hospitals. Additionally, to assess the quality of the service offered by hospitals, patient's perceptions are also studies.

In this modern era, the functioning of health care industry has changed a lot as compared to the earlier times. Keeping this in view, the basic aim of the study is to assess the development of the hospitals in India. The primary aim is to focus on the major difference of the services rendered by the government and private hospitals. Besides, the study also focuses on the satisfaction level as well as the expectations towards the health care industry.

CHAPTER III

METHODOLOG

Research Methodology

Objectives

- To study the social –economic profit in private and government hospital Bathinda city.
- To analyses the availability basic life sport system at government and private hospitals Bathinda city.
- To estimate the satisfaction level of patients with health care services particularly of doctor, nurses ward boys and other paramedical staff.
- To find out the infrastructure available in the private and government hospitals.
- To analyze the problem faced the patients in the hospitals.

Delimitation of Study

- Study is delimitation to private and government hospital of Punjab in Bathinda region.
- Patient admitted in general wards.

Research Hypothesis-It is hypothesized that patients' perceive better quality of nursing care in private hospitals as compared to government hospitals.

H1: Patient satisfaction level is helpful is private as compare to government hospital.

H2: Private hospitals have more qualified and experienced doctors and staff as compare to government hospital.

H3: Private hospitals have batter infrastructure as compare to government hospital.

H4: Private hospitals are not approachable to all sectors of the society.

1. Sources of Data:

Primary data will be collected through structured questionnaires administered through personal interviews with the respondents. Secondary data will be collected from patient satisfaction journals, books, published articles, reports,

and survey data/reports by private hospitals and government hospitals and internet.

2. **Sample Size and Sampling Plan:**

   Respondents would be selected from Government and Private hospitals' total number of 400 respondents would be selected according to a suitable sampling method. Respondents will include representatives of various private organizations, government organizations, and different-different departments. Separate questionnaires will be administered to all the segments. The sample of the study will be selected in such a manner so that the whole universe is represented.

3. **Research design:** Descriptive study design
4. **Sampling Technique:** Convenient sampling technique was used for sampling selection.
5. **Data Analysis:**

   Suitable statistical techniques will be used for data analysis and interpretation. Data will be analyzed for summary statistics and appropriate test of significance.

Ethical Issue:

1. Approval of ethics committee Desh Bhagat University, Mandi Gobindgarh.
2. Informed consent will be taken before collection of data.
3. Data will be kept confidential.

Special requirements like clearance from institutional bio safety committee: Not applicable.

Collaborating Department: Not applicable.

List of Hospital

GOVERNMENTHOSPITAL	*PRIVATE HOSPITAL*	*CHARITABLE HOSPITAL*
CIVIL HOSPITAL	**Pragma Hospital**	**Mahavir charitable hospital**
Advanced cancer institute	***Max hospital***	***Khalsa mission* charitable Society and hospital**
Aiims hospital	***Nagpal hospital***	***Gandhi* charitable hospital**
Drug addictions hospital	***Adesh medical hospital***	
	Ivy hospital	
	Indrani hospital	
	Delhi heart hospital	
	Badyal hospital	
	Sidhu hospital and dialysis center	
	Global health care hospital	
	SarveshDivya	

	hospital	
	Bansal hospital and cancer hospital	
	Care hospital	
	Malwa hospital	
	Sethi hospital	
	Nivaran super speciality hospital	
	Kapila hospital	
	Ashirwad hospital	
	Gem hospital	
	New Life Medicity hospital	

Tentative chapter scheme

Chapter-I INTRODUCTION

Chapter-II REVIEW OF LITERATURE

I-needs of the study

Ii- objectives

Iii- Delimitation of Study

Iv-Research Hypothesis

Chapter-III METHODOLOGY

i- Research Methodology
ii- Type of Study
iii- Ethical Issue:
iv- Special requirements like clearance from institutional bio safety committee
v- Collaborating Department
vi- List of hospitals

Chapter-IV REFERENCES

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